



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E306928**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-00319
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	02 - 07 - 2014	TIME (2400)	1501	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	SUR 9 NE	BLOCK NO. <input checked="" type="checkbox"/>	1500	MILE POST <input type="checkbox"/>	
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DISTANCE	0	5	MILES <input checked="" type="checkbox"/> FEET <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	LUNDEEN PKWY
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 4253878206
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LAST NAME	ALLAN	FIRST NAME	SUSAN	MIDDLE INITIAL	K
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STREET NEW ADDRESS	5633 93RD PL NE
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CITY	MARYSVILLE	ST	WA	ZIP	982702795
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ODL	A	RESTRICTIONS		ENDORSEMENTS	L, T, X
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DRIVER'S LICENSE #	ALLANSK362N9	STATE	WA	SEX	F	D.O.B. MM/DD/YYYY	08 - 29 - 1964
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	A89088G	STATE	WA	VIN#	1NKDXB0X6YR862618
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TRAILER PLATE #	9090RK	STATE	WA	TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	KW	MODEL	DUMP	STYLE	DP	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. SPRINGBROOK AND 9022 84TH ST NE ARLINGTON WA 98223 D: 4255089432

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN STATES INS CO
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	JOHNSTON	FIRST NAME	VICTORIA	MIDDLE INITIAL	
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STREET NEW ADDRESS	8251 42ND PL NE
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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ODL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B. MM/DD/YYYY			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AGJ2802	STATE	WA	VIN#	1FMCU0EG9AKB21912
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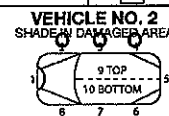
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	FORD	MODEL	ESCAPE	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	RESCUE TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. VICTORIA JOHNSTON 8251 42ND PL NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 199 2532-D10-47A
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E306928**

CASE # **14-00319**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		PRATT JEREMY J																	
ADDRESS & PHONE #		6714 49TH PL NE MARYSVILLE WA 98270 4253306490																	
SEX		M		D.O.B.		12		11		1977									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B.															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B.															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 2/7/2014 at approximately 1501, I responded to a report of collision involving a passenger car and a dump truck in the 1500 blk of SR 9 NE in the City of Lake Stevens. When I arrived on scene I contacted the driver of Unit 2. She told me she was travelling northbound on SR 9 NE in the #2 lane. Unit 1, a dump truck towing a trailer was next to her in the #1 lane. The dump truck started changing lanes. Unit 2 was unable to maneuver out of the way due to head on traffic. Unit 1's trailer struck Unit 2 causing damage along the entire passenger side of Unit 2.

A witness on scene stated that he was also driving a dump truck with a trailer northbound behind Unit 1 Both he and Unit 1 began changing lanes. He observed Unit 2 in between Unit 1 and the trailer. He observed the trailer on Unit 1 hit Unit 2.

The driver of Unit 1 stated that she had bad glare from the sun when she began making her lane change. She did not see Unit 2 until she had already entered lane #1 and struck Unit 2.

No injuries were reported. Unit 1 had minimal damage. Unit 2 was towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

02-12-14 10:31 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 079

2/12/2014 11:28:07 PM

BADGE OR ID #

120

ORI #

WA0311900

TIME POLICE DISPATCHED

3:01 PM

TIME POLICE ARRIVED

3:03 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E306928**

CASE # **14-00319**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☒

UNIT # **1**

USDOT **1844981**

ICC #

VEHICLE TYPE **6**

CARGO BODY TYPE **5**

CARRIER NAME **SPRINGBROOK NURSERY & TRU**

CARRIER ADDRESS **9022 84TH ST NE**

CITY **ARLINGTON**

ST **WA**

ZIP **98223**

NAME SOURCE **1**

AXLES **04**

GVWR **100000**

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

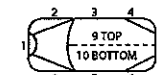
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

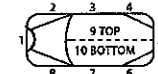
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

02-12-14 10:31 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID # **120**

ORI #

WA0311900

APPROVED BY **SUMMERS**

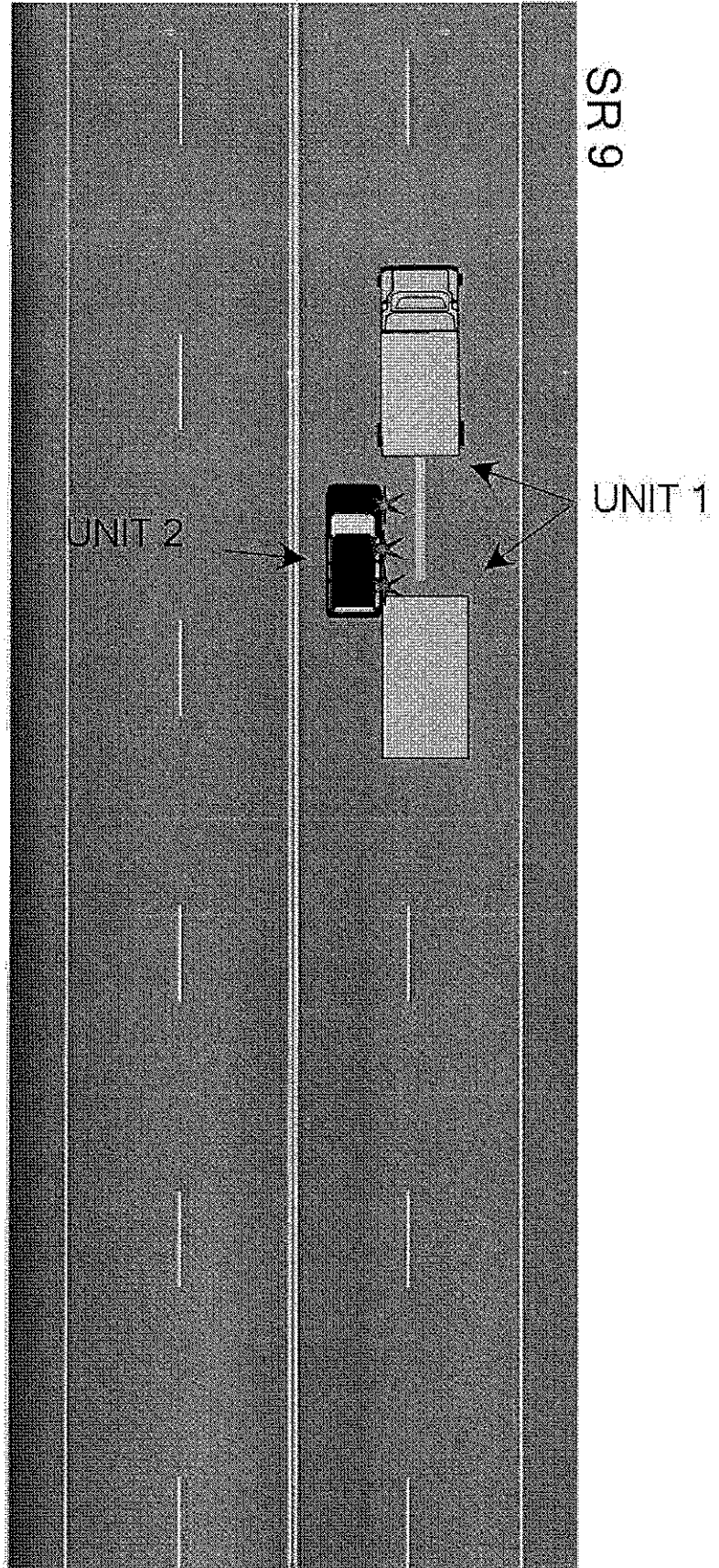
DATE **2/12/2014**

PAGE **3**

OF **4**

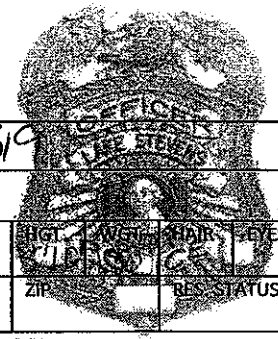


NOT TO SCALE



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 14-00319

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Piaff Jeremy John	RACE W.	ETH	SEX M	DOB 12-11-77	AGE 36	HGT 5'10"	WEIGHT 180	HAIR BLK	EYES BLU
STREET ADDRESS 6714 49TH PI NE		CITY Marysville			STATE WA		ZIP		RES. STATUS	
HOME PHONE		CELL PHONE 425-330-6490			PLACE OF EMPLOYMENT Springbrook					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

was Headed Northbound Hwy 9 in Right lane just north of Hwy 204 when my co worker and i both started changing lanes to the left. We had bad glare from the sun and as my co worker had almost finished changing lanes i saw a black SUV in the middle of her truck and trailer that she hit.

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ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 2/7/14	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: 21711	DATE SIGNED 2/7/14	LOCATION SIGNED LAKE STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

**FAX TRANSMITTAL COVER SHEET**

DATE February 10, 2014
TO: Officer Kerry Burnhard #120
FAX # 425-334-9842
COMPANY Lake Stevens PD.
SUBJECT Insurance Card for Case# 14-00319
FROM Billie Tomasek, O Mgr

SPRINGBROOK NURSERY & TRUCKING, INC
9022 84th ST NE
ARLINGTON, WA 98223
TELEPHONE: (360) 653-6545 FAX (360) 653-1933

COMMENTS: Included in this fax is the Notice to Customer Disclosure Statement, Job Data Information Sheet, Quote(s) and Cover Sheet.

NUMBER OF PAGES INCLUDING COVER SHEET

2

LSPD
ORIGINAL

INSURANCE IDENTIFICATION CARD

Washington
(STATE)COMPANY NUMBER
19704COMPANY
American States Ins. Co.

COMMERCIAL



PERSONAL

POLICY NUMBER
01CG91926090EFFECTIVE DATE
11/01/13EXPIRATION DATE
11/01/14YEAR MAKE/MODEL
2000 Kenworth T800 DumVEHICLE IDENTIFICATION NUMBER
1NKDXBOX6YR862618AGENCY/COMPANY ISSUING CARD
Whitfield United-Leavitt
Jeff Olsen
PO Box 1127/3425 Broadway
Everett, WA 98206
425-258-2300
INSURED ☐Springbrook Nursery &
Attn: Julie Baker
9022 84th NE
Arlington, WA 98223

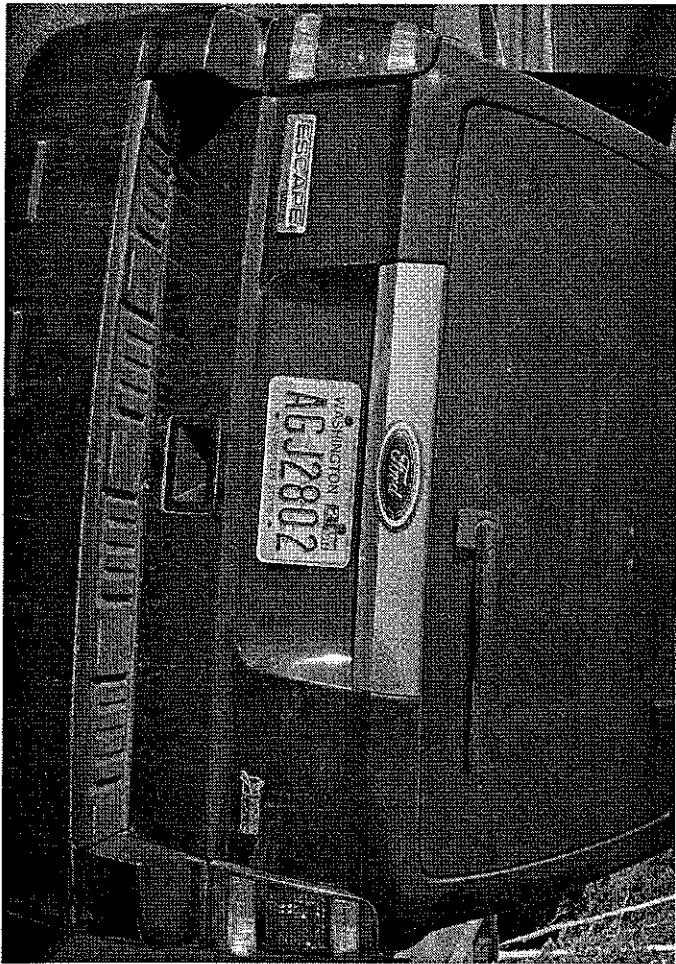
SEE IMPORTANT NOTICE ON REVERSE SIDE

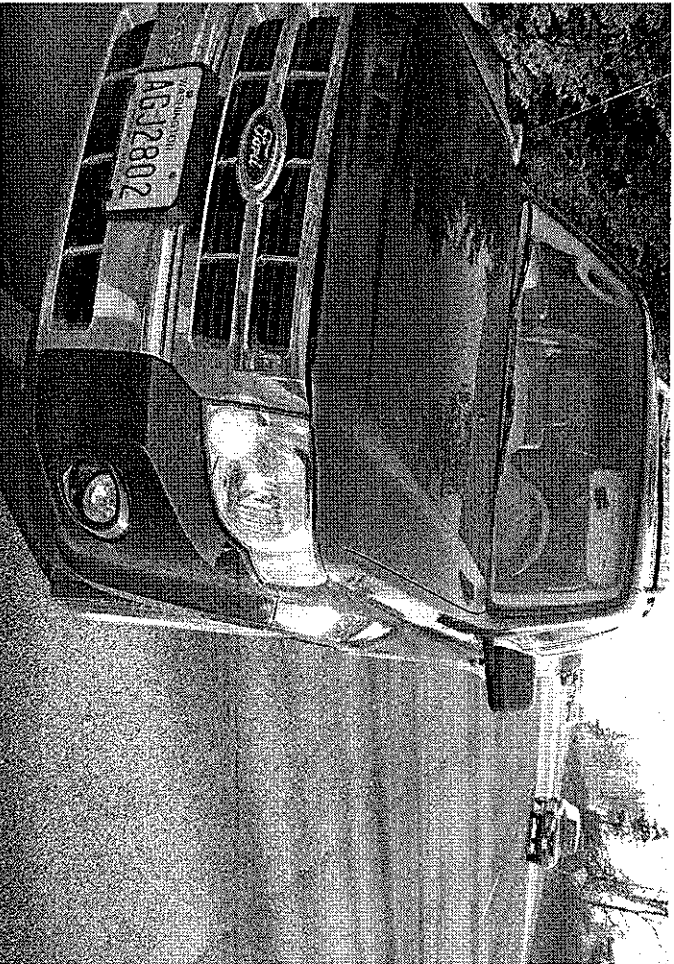
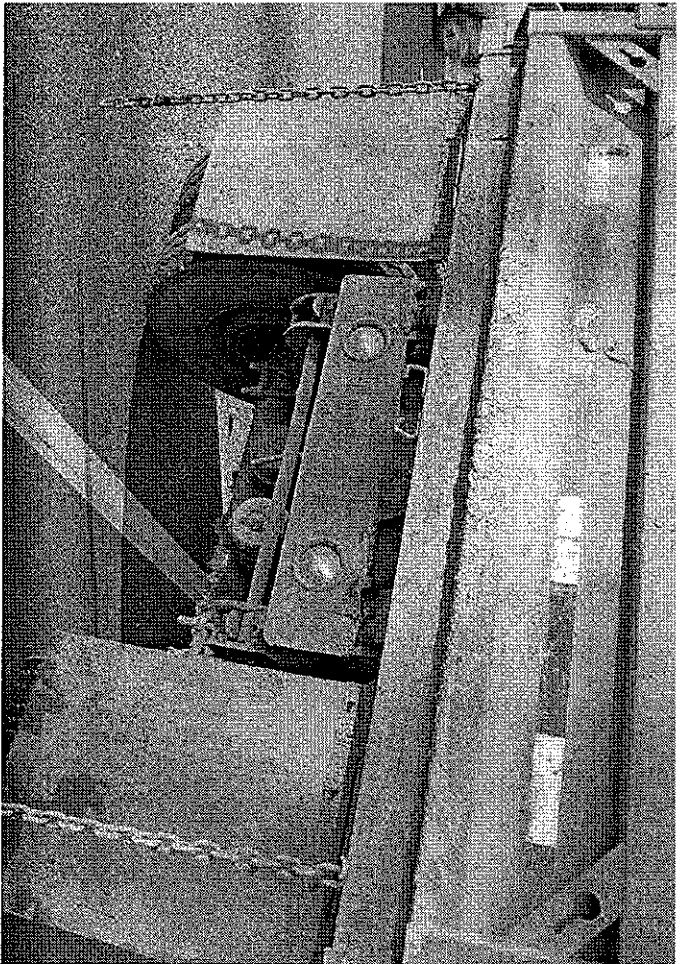
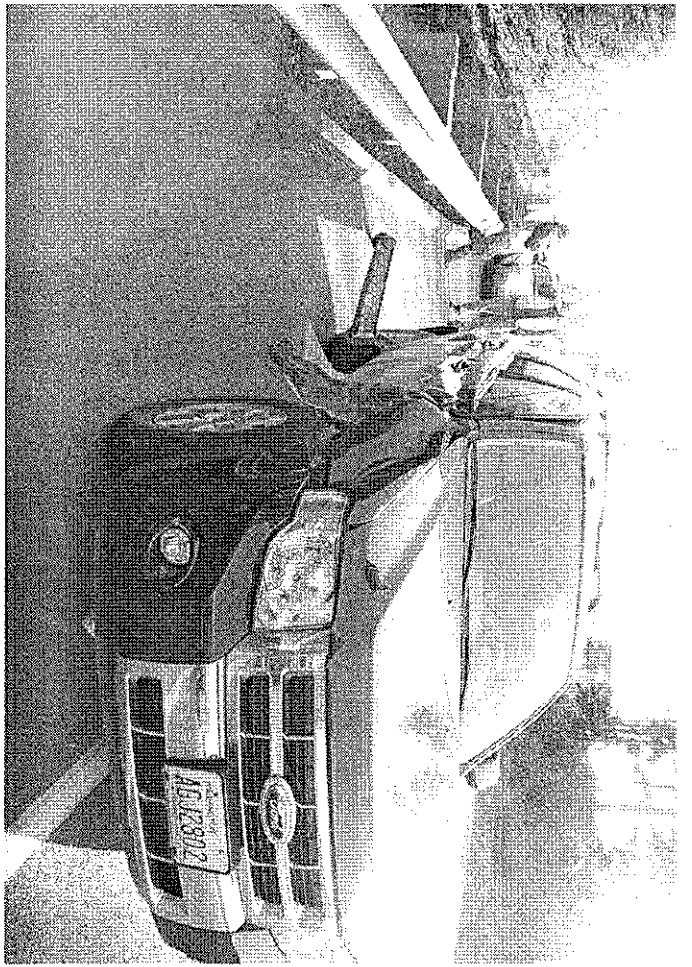
THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMANDIN CASE OF ACCIDENT: Report all accidents to your Agent/Company as
soon as possible. Obtain the following information:

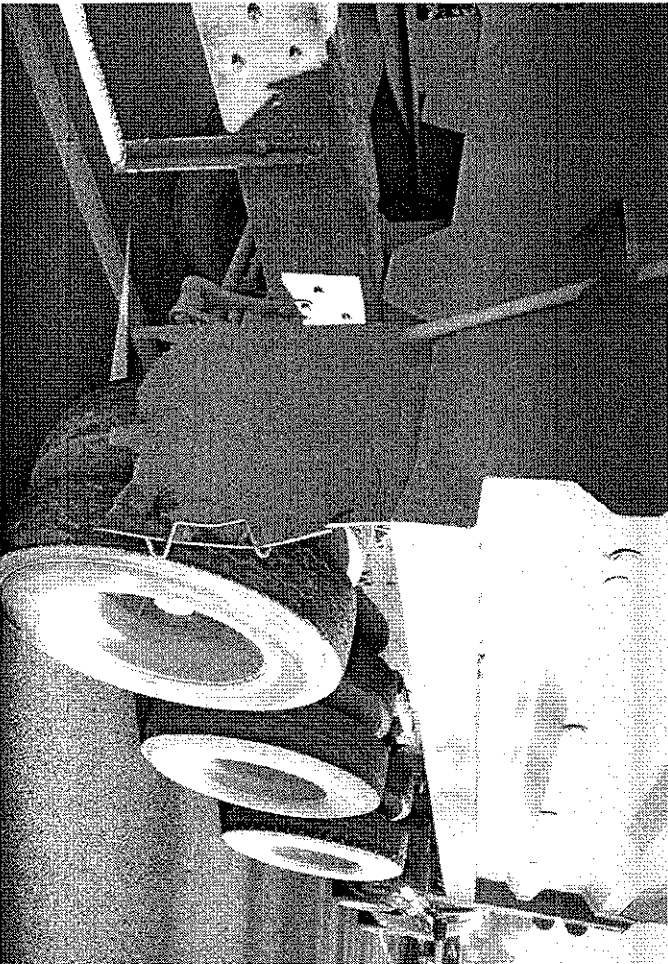
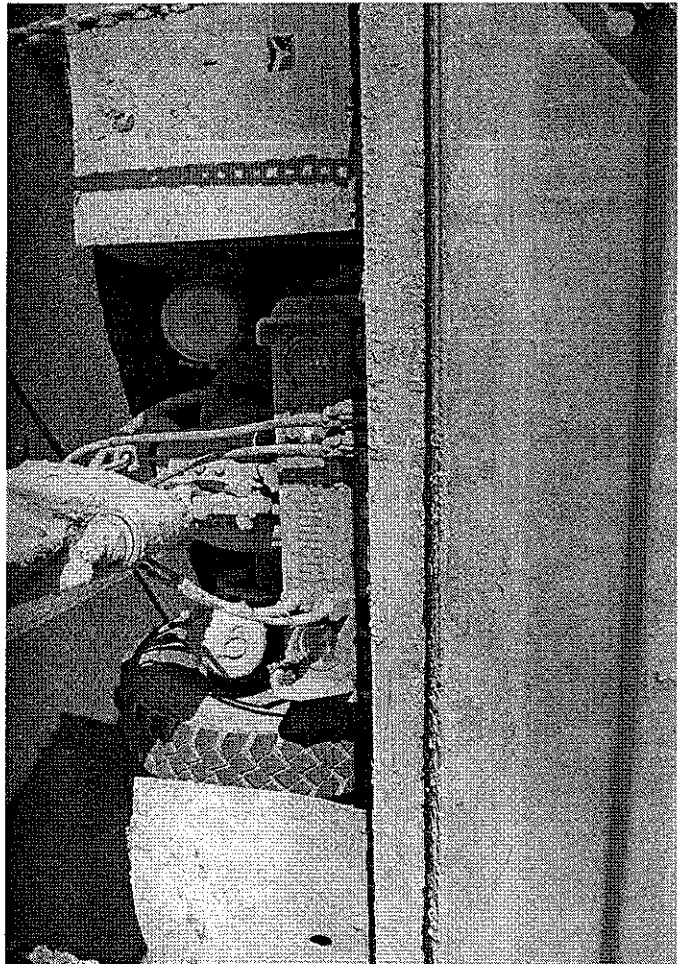
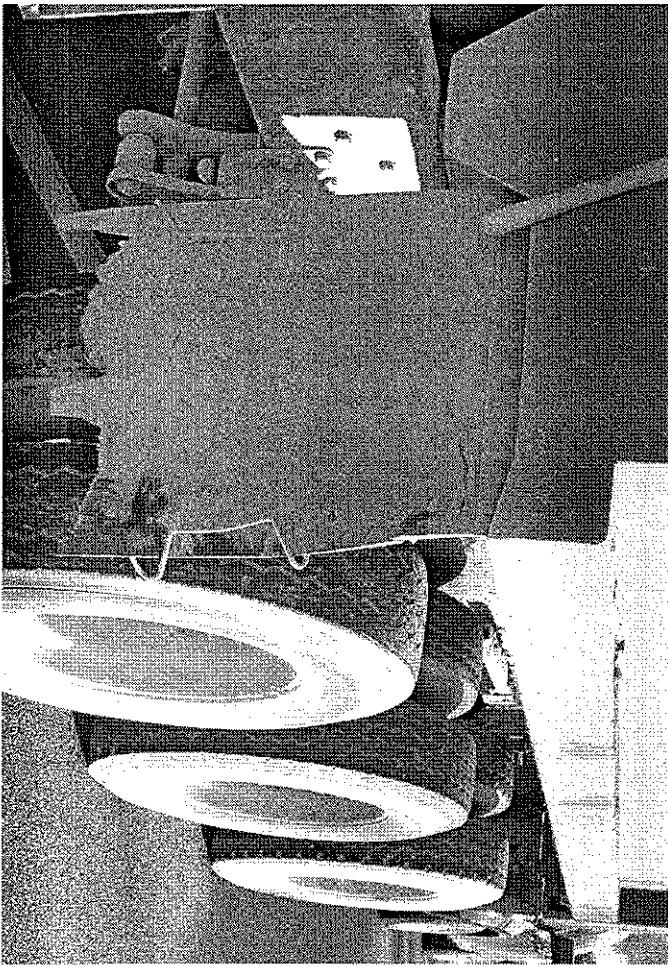
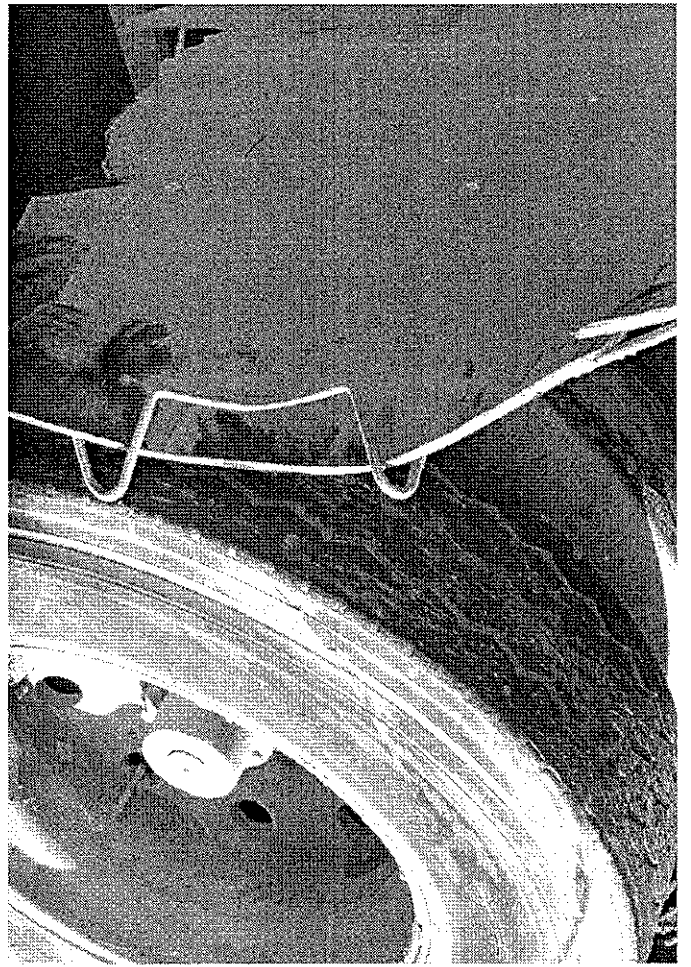
1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each
vehicle involved.

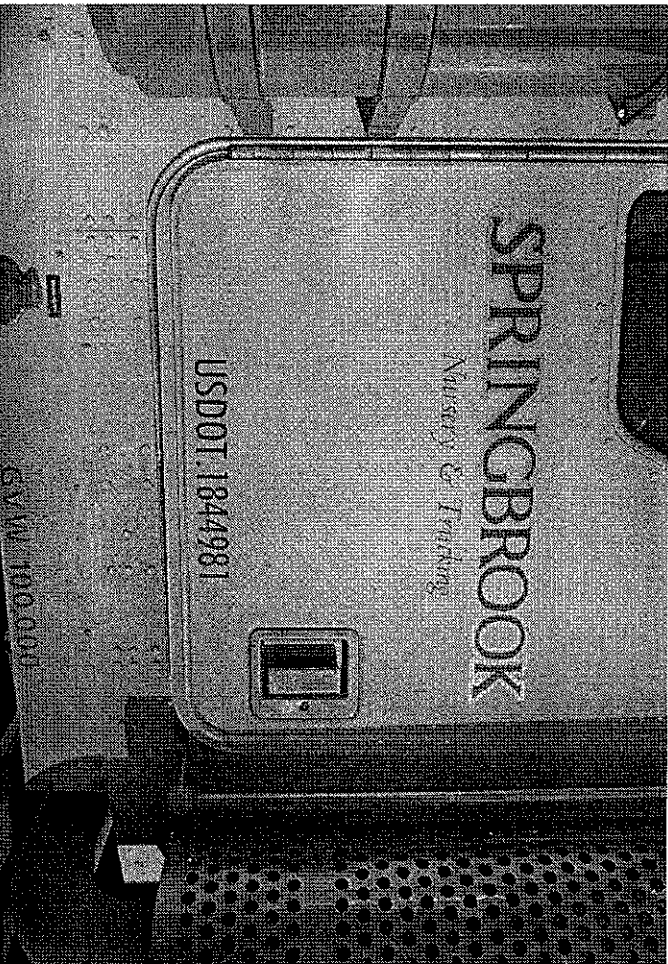
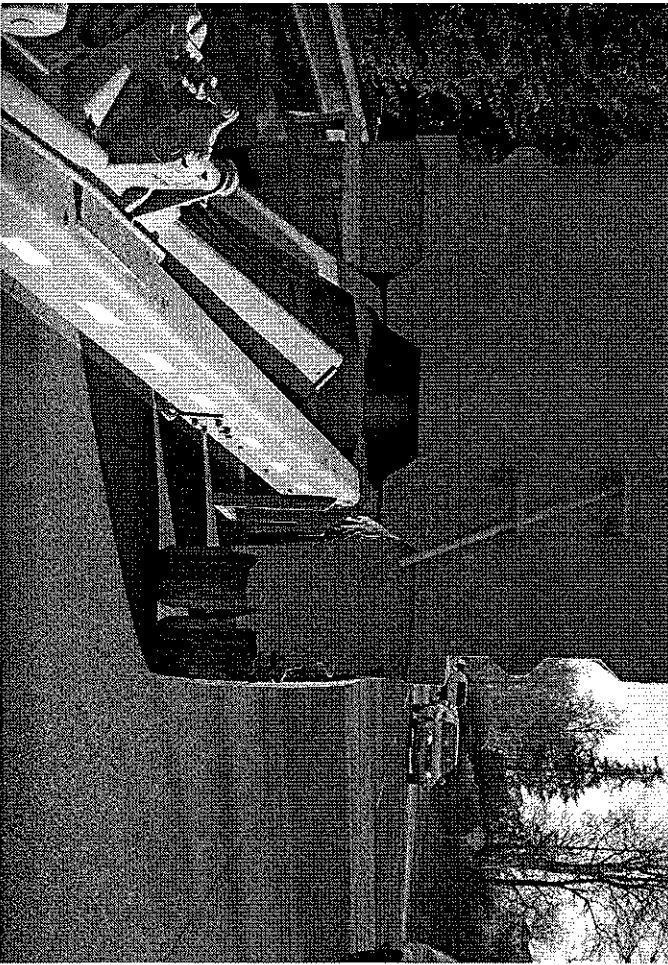
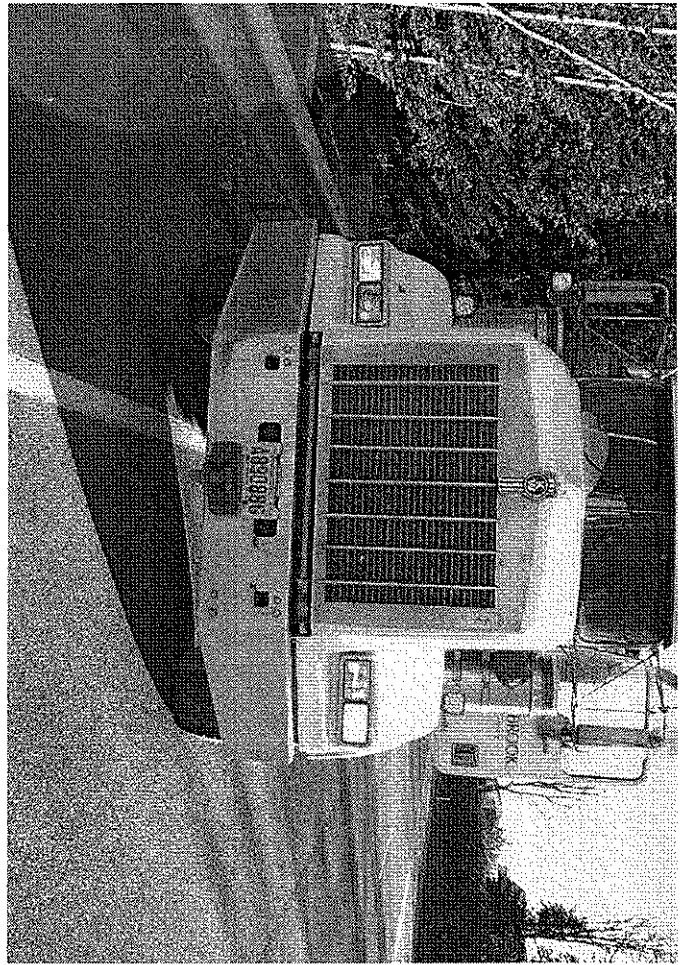
THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

LSPD
ORIGINAL









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ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>K. BERNHARD #120</i>			Case Number <i>14-00319</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>ACC</i>			Date/Time: <i>2-7-14 1759</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification				

Item # <i>16-1</i>	Item <i>PHOTO CD</i>	Brand Name			Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)								
	Serial #	Where Found	Weight of Narcotic						
Action # <i>3</i>									
Owner's Name <i>LSPD</i>		Address			City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>KB #120</i>									

Item #	Item	Brand Name			Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)								
	Serial #	Where Found	Weight of Narcotic						
Action #									
Owner's Name		Address			City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Item #	Item	Brand Name			Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)								
	Serial #	Where Found	Weight of Narcotic						
Action #									
Owner's Name		Address			City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Item #	Item	Brand Name			Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)								
	Serial #	Where Found	Weight of Narcotic						
Action #									
Owner's Name		Address			City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Item #	Item	Brand Name			Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)								
	Serial #	Where Found	Weight of Narcotic						
Action #									
Owner's Name		Address			City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Item #	Item	Brand Name			Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)								
	Serial #	Where Found	Weight of Narcotic						
Action #									
Owner's Name		Address			City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

<div style="display: flex; justify-content: space-between;"> <div> <p>Evidence Control Use Only:</p> <p>Received by Evidence: NCIC/WACIC <input checked="" type="checkbox"/> Date: CAD/RMS Checked</p> <p>Name: _____ # _____ NCIC/WACIC + Date: Owner Letter Sent:</p> <p>Date: _____ Time: _____ NCIC/WACIC - Date: Owner Letter Sent:</p> </div> <div style="text-align: right;"> <p>ROUTING:</p> <p>White: Property Room</p> <p>Yellow: Case File</p> </div> </div>									
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Entered	02/07/14	15:01:22	BY SPDF27	SP0348
Dispatched	02/07/14	15:01:41	BY SPDF17	SP0367
Enroute	02/07/14	15:01:41		
Onscene	02/07/14	15:03:19		
Closed	02/07/14	16:19:12		

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-6 Group: SS1 Beat: WEST

Src: T

Loc: LUNDEEN PK/SR 9 NE , LKS (V)

Loc Info: JUST S0

Name: ALLEN , SUSAN

Addr:

Phone: 4253878206

/1501	(SP0348)	ENTRY		, SECONDHAND INFO, DUMP TRUCK VS PC , APPEARS NON INJ
/1501	(SP0367)	DISPER	19D3	#SS120 BERNHARD, OFFICER (KERRY)
/1502	(SP0371)	SUPP		LOCI: SR 9 SO LUNDEEN, NAM: ALLEN , SUSAN, PHO: 4253878206, TXT: CC, 2 VEH NON INJURY BLKING, WHI DUMP TRUCK VS BLK FORD ESCAPE
/1502	(SP0348)	SUPP		NAM: GREG / DISPATCHER, PHO: 4253351508, TXT: NON BLKING, NB LANE, , SECONDHAND INFO FROM SCHOOL BUS DRIVER
/1503	(SP0367)	ONSCNE	19D3	
/1505	(*****)	REMINQ	19D3	AGJ2802
/1505	(SP0367)	REMINQ	19D3	LIC, 19D3, AGJ2802,,
/1505	(*****)	REMINQ	19D3	9090RK
/1505	(SP0367)	REMINQ	19D3	LIC, 19D3, 9090RK,,
/1506	(SS112)	*ASST	19D2	[LUNDEEN PK/SR 9 NE , LKS] #SS112 WARBIS, OFFICER (STEVE)
/1506	(*****)	REMINQ	19D3	A89088G
/1506	(SP0367)	REMINQ	19D3	LIC, 19D3, A89088G,,
/1506		ENROUT	19D2	
/1510	(SS120)	REMINQ	19D3	MDTWANT, ALLAN, SUSAN, K, 082964,, WA,,,,,,,,,,,,,
/1510	(SS112)	*CLEAR	19D2	D/D
/1510	(SP0367)	REMINQ	19D3	WANT, 19D3, . NM, ,, ,, ,, ,, ,, ,, ,, 505607180, ,, ,, 4
/1510		REMINQ	19D3	WANT, 19D3, X, NM, ,, ,, ,, ,, ,, ,, ,, 505607180, ,, ,,
/1512	(SS120)	*ASNCAS	19D3	\$SS14000319
/1540	(SP0367)	MISC	19D3	, RESCUE TOW OWNERS REQ, ALL 4 ROUND, RIGHT SIDE DAMAGE
/1541		MISC	19D3	, RESCUE TOW ER
/1553		MISC	19D3	, TOW OS
/1619	(SS120)	*CLEAR	19D3	D/H
/1619		CLOSE	19D3	

LSPD
ORIGINAL